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(a) Practical demonstration in the administration of the various anesthetics—ether, chloroform, nitrous oxide, intratracheal and intrapharyngeal anesthesia. (b) Three lectures on the physiological effects of the various anesthetics. (c) One lecture on the Circulatory System. (d) One lecture on the Respiratory System. (e) Practical instruction in Auscultation of the heart sounds. (f) The preparation of patient for anesthesia and the care during the recovery period. (g) The fee for the course is \$75.00.

Various other hospitals throughout the United States are giving these courses and the demand for them is increasing.

In conclusion, I would say that the registered nurse anesthetist should not be employed unless she has had a course under the guidance of a graduate anesthetist of wide experience, and until a certificate as a qualified anesthetist has been granted her.

PROFESSIONAL OBLIGATIONS OF THE PRIVATE DUTY NURSE¹

BY GENEVIEVE E. KIDD, R.N.

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What does the word obligation convey to you?

An obligation, that which obligates or constrains, that which constitutes a moral duty,—trustworthy. "A tender conscience is a stronger obligation than a prison." "The main difference between people seems to be, that one can come under obligations on which you can rely,—is obligable, and another is not." Any act by which a person becomes bound to do something for another or to forbear something, external duties imposed by courtesy or kindness. "Every-one has obligations which belong to his station, duties extend beyond obligations and direct the affections, desires, and intentions, as well as the actions."

To discuss this subject and not idealize is difficult,—though it is true we must have ideals.

In human relations there are three professions that touch our lives with intimate contact,—those of the minister, the physician and the nurse. Each is a safekeeper of that which we know to be our greatest responsibility,—human life.

Quoting from a recent splendid talk to nurses by a university professor, "Nursing should be a deepened and glorified profession, it is vital and important. The physician's work is dependent on the

¹ Read at a meeting of the Northwest Sectional Conference, Glacier Park, Montana, July, 1919.

nurse. We must also bear in mind it is not alone the care of the physical condition,—the mother principle must stand out, as the true nurse enters the most intimate business and family relations, carrying the mental burdens of her patients so that the physical will sooner right itself."

So many strong lines of nursing are developing to-day that the private duty nurse may feel herself a little in the background,—this is not true. Private duty represents the largest body of nurses, and the successful private duty nurse is the highest type of woman in the profession.

Do we realize our opportunity or responsibility? Do we need question whether nursing is a profession? It rests with every nurse to choose which branch of work she is best fitted for, but whether it be social service, public health, or other lines, she will be more efficient for having had a few years of private duty.

Having been in this sphere of work fifteen years, years that I count most valuable and pleasant, I no doubt have met the experiences of the average nurse, but the *obligations* of a nurse?

Until coming in contact with a larger number of nurses through having charge of a nurses' registry, I am frank to say that I had never analyzed the subject.

Due to a splendid superintendent, the atmosphere of our daily training showed us a plain line of duty,—to go when and where we were called and to give our best wherever we found our lot to be.

Why, on entering our personal field, should we not hold fast to the same ideals?

It is perfectly legitimate for a nurse to bar any class of work that she knows would undermine her health,—aside from this there should be no picking and choosing of cases.

The successful nurse will keep in touch with nursing affairs, will be advised as to changing and up-to-date methods. To be interesting and uplifting to her patients, she will keep abreast with current events and attend gatherings of education and pleasure.

As to rest and recreation, a point not always recognized by the family, keep the personal side back, but tactfully explain that only by having proper rest can you give the best care to your patient.

Just now commercialism is dangerously near the line,—some nurses have allowed the stress of circumstances to influence them and they are not willing to abide by a reasonable fee. I wish that standard rates for all grades of nurses could be regulated by the national association so that discussions and dissatisfaction might cease to be.

From the untrained woman we do not expect a knowledge of nursing ethics, and to a large percentage of our graduates all appre-

ciation is due for the splendid carrying on of professional service,—but to a certain type of graduates we feel it is necessary to bring to notice the every-day occurrences that are tearing down our standards and creating a prejudiced impression in the minds of the public.

May I enumerate some of them briefly,—only that they may be recognized and that we may determine their downfall:

When a call comes to the Central Directory for the service of a registered nurse, it is because the doctor feels his patient's welfare cannot be entrusted to untrained hands,—it may often mean a real sacrifice to the family even though economy is used.

What would that doctor or patient think should they hear some of the questions or excuses that come to the registrar? Do you think the physician would have any reason for disregarding the profession?

"I have an engagement and cannot go until morning,"—the fact that there is no one else available for duty and that the patient is very ill, matters not.

"What part of the city is the case located in? I will not answer a call there. I have stomach trouble and I cannot stand the food they serve in these homes. This class of people do not care for me nor can I get along with them."

"Have they a maid? I absolutely refuse to do anything outside my professional duty; it always breaks me down."

"Will I have to be up at night?" especially questioning, if the call comes in the evening.

"How long do you think the case will last?" It seems to me the registrar must be a magician.

"I will not answer a call for twenty-four hours, one only soils a uniform and it does not pay."

One nurse is registered against calls for seven different physicians of recognized merit because *she* does not approve of their methods.

"No out of town calls, no hospital specials."

What a pity that nurses of unquestioned technical ability should countenance such demeanor, and they wonder why they are not busy.

Some nurses wish people to feel their authority, they are dictatorial; those who have been in the work for some time need to guard against a tendency of this kind. Patients do not wish or need to give up their individuality because they happen to be ill.

A sweet tribute to our late Miss Delano was, "She brought to me no disturbing element."

A great many nurses have never realized that this profession interprets service. Let us aim at a plane above our petty personal interests, for when we forget our personal business, then we shall begin to practice our profession.